

**FFY 2002
RESIDENTIAL SUBSTANCE ABUSE TREATMENT
FOR STATE AND LOCAL PRISONERS
GRANT APPLICATION**

**STOP!
PLEASE READ THE FOLLOWING INFORMATION**

FUNDS THROUGH THIS GRANT PROGRAM ARE OPEN FOR THE PURPOSE OF SUBSTANCE ABUSE TREATMENT OF OFFENDERS. THESE PROGRAMS MUST:

- Duration of program must be from 6 to 12 months. Each offender must participate in the program for no less than 6 months and no more than 12 months, unless he or she drops out or is terminated.
- Be provided in residential facilities set apart from the general correctional population. Set apart means a totally separate facility, or dedicated housing unit within a facility, that is designated exclusively for use by program participants.
- Focus on the specific substance abuse problems of the offender.
- Develop the offender's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- Implement or continue to require urinalysis and/or other proven reliable forms of drug and alcohol testing.
- Admit offenders assessing positive to treatment in the therapeutic community using the standardized offender assessments.
- Ensure that aftercare treatment services are provided to offenders who are transitioned into the community from an RSAT-funded project.

Up to 10% of the grant funds and match appropriated to the grant may be used for the provision of non-residential aftercare. However, a specific plan for use of these funds must be included with the grant.

CASH MATCH OF AT LEAST 25 PERCENT IS REQUIRED.

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**FUNDS AVAILABLE
\$865,301**

**FUNDING PERIOD
July 1, 2003 – June 30, 2004
(State Fiscal Year 2004)**

**APPLICATIONS MUST BE POSTMARKED BY:
JUNE 15, 2003**

**OR RECEIVED AT CTED NO LATER THAN:
5:00 P.M. ON JUNE 25, 2003**

**SUBMIT FIVE COPIES (ONE ORIGINAL WITH SIGNATURES)
TO:**

WA State Department of Community, Trade and Economic Development
ATTN: Suzanne Walker
LGD/SDFC
PO Box 48350
906 Columbia Street SW
Olympia, WA 98504-8350

PLEASE NOTE

ANY OMISSION OF REQUIRED INFORMATION MAY RESULT IN THE APPLICATION BEING REJECTED, AND THEREFORE, NOT CONSIDERED FOR FUNDING BY THE SELECTION COMMITTEE. PLEASE BE SURE THAT YOUR APPLICATION IS COMPLETE!

APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING.

These grant funds are made available through the:
**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

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FORM A-1

APPLICANT INFORMATION

(See Instructions Next Page)

(This page should be completed & submitted as the first page of your proposal)

<i>STATE USE ONLY</i>		
<i>Award \$:</i>	<i>Grant #:</i>	<i>App. #:</i>

1. PROJECT TITLE:

2. APPLICANT AGENCY:

Address: _____ City: _____ Zip: _____

Telephone: () _____ Fax: () _____ E-Mail: _____

Federal Employer ID Number:

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Level of government of the applicant agency (circle one). state, city/town, county, Indian Tribe.

3. PROJECT DURATION:

From: _____ To: _____
m/d/y m/d/y

4. AMOUNT OF RSAT FUNDS REQUESTED: \$ _____ (_____ % of Total Cost)

CASH MATCH: \$ _____ (This must be at least 25% of total cost)

Source of matching funds (circle): State, Local, or Other source(s) (explain)

TOTAL COST: \$ _____

5. IMPLEMENTING AGENCY: _____

Address: City, Zip: _____

Telephone: () _____ Fax: () _____ E-Mail: _____

6. PROJECT DIRECTOR (include Title):

Agency Name: _____

Address: _____

Telephone: () _____ Fax: () _____ EMail: _____

7. SERVICE AREA: U.S. Congressional District (Identify by CD#): or statewide:

Legislative District (Identify by ID#) or statewide:

Cities and/or Counties (Provide the **primary** city(ies) and county(ies) to be served):

Age of Target Population (check all that apply): _____
All 18-24 Over 25

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DEFINITIONS:

AUTHORIZED OFFICIAL: This is the individual authorized to enter into binding commitments on behalf of the applicant agency (Item #2). For local units of government, this will normally be a city manager, mayor, district attorney, and/or county commissioner. At the state level, this individual will be a department or division head. This **must** be an individual other than the project director or financial officer.

PROJECT DIRECTOR: The project director is the individual who will be in direct charge of the project and should be within the organizational structure of the applicant agency. This should be a person who combines knowledge and experience in the project area with ability in administration and supervision of personnel and will be expected to devote a major portion of his/her time to the project. This person will be required to sign all quarterly reports, Requests for Reimbursements, and other grant forms. This must be an individual other than the authorized official or financial officer.

FINANCIAL OFFICER: The financial officer is the person who will be responsible for fiscal matters relating to the project and in ultimate charge of accounting, management of funds, verification of expenditures, and grant financial reports. This **must** be an individual other than the project director or authorized official.

INSTRUCTIONS

Instructions for Form A-1 (Applicant Information):

1. **PROJECT TITLE:** Enter a brief descriptive title of the project.
2. **APPLICANT AGENCY:** This is normally the implementing agency for the project. It cannot be a subcontracting agency. Federal Employer ID Number: This is a nine-digit number used by the Office of Financial Management (OFM); this is not the agency's federal tax exempt number.
3. **PROJECT DURATION DATES:** Show the anticipated project duration using the month/day/year method. All applications should indicate a July 1, 2003 to June 30, 2004 project duration.
4. **AMOUNT OF RSAT FUNDS REQUESTED:** Indicate the total amount of RSAT funds requested and the percentage of Total Project Cost (See item 12F).
5. **IMPLEMENTING AGENCY:** This is the agency that is responsible for the actual implementation of the project, and may be the same as the applicant agency or a component of it. For example, the applicant agency is the county, but the sheriff's office is the implementing agency. If same as the Applicant Agency in #2, indicate S/A.
6. **PROJECT DIRECTOR:** See "Definitions" below.
7. **SERVICE AREA:** Indicate the areas to be served by this project. Also check the appropriate age of the target population.
8. **PROJECT SUMMARY:** The Project Summary, as well as the detailed project budget and narrative, will be the only sections reviewed by the Selection Committee. Be certain that you have adequately described the project on the allotted pages. The full application will be reviewed by the Safe and

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Drug-Free Communities Unit (SDFC) staff and will be available for Selection Committee review. Answer the following on plain white paper:

Provide a brief project description, not to exceed two pages, which is an edited version or synopsis of your Project Plan (Items 16-24). It is recommended that you complete sections 16-24 before completing section 8. **This summary must include the following:**

- a. Problem Statement: An overview of the problem that this project will address. Include a description of the "need" in terms of the extent and severity of crime and violence as reflected in crime statistics and other data.
- b. A topical listing with a brief description of each Goal and Measurable Objective.
- c. Project Description and Critical Elements: Summarize. This section must explicitly state what activity(ies) is intended to be conducted under the project, and what is necessary to implement the project. It must be stated in a manner that is clear and concise, so that the reader will immediately have a mental picture of the project activities.
- d. Evaluation Plan: Summarize.
- e. Projects are required to complete this section. Provide a brief description of the cultural diversity as an integral part of this project (i.e., training that will be received). Identify the cultural diversity training that will be provided during the year, including who will receive it, when it will occur, and the duration of the training. Complete a table on the ethnic and gender composition, project staff, and clients. Include both numbers and column percentages, using the following table as a guide. Submit your own page with your application.

Ethnicity/Gender	Clients Served (Projected or Actual)	Project Staff	Other
Male			
Female			
White			
Hispanic			
Black			
Native American			
Asian			
Other			
Total			

- f. A concise explanation of anticipated results.

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FORM A-3

PROJECT OVERVIEW

(The target population and program requirements for RSAT funding are described on pages 2 &3)

9a. Program Facility *(Check all that apply)*

☐ Prison ☐ Work Camp ☐ Community Corrections Program
☐ Jail ☐ Halfway House ☐ Boot Camp ☐ Other (Specify)

9b. Check all groups this project will target.

Target Population	# of beds
Adult Males	
Adult Females	

9c. Services/Interventions Available *(Check all that apply)*

☐ Therapeutic Community ☐ 12 Step Program ☐ Individual Counseling
☐ Group Counseling ☐ Acupuncture ☐ Pharmacotherapy
☐ Other Drug Treatment ☐ Drug Testing ☐ Mental Health Counseling
☐ Educational Programs ☐ Victim Restitution ☐ Community Service
☐ Victim Awareness ☐ Mediation ☐ Financial Management
☐ Family Counseling ☐ Work Activities ☐ Sex Offender Treatment
☐ Impulse/Anger Control ☐ Job Placement ☐ Structured Leisure Time
☐ Leadership Training ☐ Mentoring ☐ Parenting Training
☐ Cognitive Restructuring ☐ Restorative/Community Justice
☐ Aftercare Services ☐ Domestic Violence Reduction
☐ Job Skills Development ☐ Other (Specify)

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FORM B-1

BUDGET SUMMARY (Instructions on pages 9 - 11)

10 A. PERSONNEL	(1)Annual Full time Salary	(2) Annual Fringe Benefit Cost	(3) Sub-Total	(4) % of time for RSAT Project	TOTAL
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
TOTAL PERSONNEL COSTS: \$.00					
RSAT Federal Portion: \$		Cash Match Portion: \$		TOTAL: \$	

10 B. SUPPLIES AND OPERATING	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL SUPPLIES AND OPERATING COSTS: \$.00	
RSAT Federal Portion: \$	Cash Match Portion: \$ TOTAL: \$

10 C. TRAVEL	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL TRAVEL COST \$.00	
RSAT Federal Portion: \$	Cash Match Portion: \$ TOTAL: \$

Notes:

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FORM B-1 (Continued)

BUDGET SUMMARY (Instructions on pages 9 - 11)

10 D. EQUIPMENT	(1) Annual Full time Salary	(2) Annual Fringe Benefit Cost	(3) Sub-Total	(4) % of time for RSAT Project	TOTAL
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
TOTAL EQUIPMENT COST: \$.00					
RSAT Federal Portion: \$		Cash Match Portion: \$		TOTAL: \$	

10 E. CONSULTANT AND PROFESSIONAL SERVICES	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CONSULTANT AND PROFESSIONAL SERVICES COST: \$.00	
RSAT Federal Portion: \$	Cash Match Portion: \$
TOTAL: \$	

10 F. TOTAL OF ALL PROJECT COSTS (A through E)	TOTAL
	\$
RSAT Federal Portion: \$	Cash Match Portion: \$
TOTAL: \$	

11. BUDGET NARRATIVE: Refer to instructions and insert text for item 11 after this page.

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FORM B-1 INSTRUCTIONS (ITEMS 10 & 11) – BUDGET SUMMARY

The budget summary, Form B-1, must be completed entirely and be accompanied by a separate budget narrative (Item #11), which provides justification for the budget items and details the basis for determining the cost of each item. Make additional copies as needed.

- The budget must cover the entire project duration as listed in Item #3.
- Work with **WHOLE DOLLAR AMOUNTS ONLY**. When necessary, round to the next highest whole dollar.
- Enter the **TOTAL** of each budget category in the black-outlined box under the Total column, then if match is being provided in that category, specify the portion which will be federal funds (RSAT funds) and the portion which will be cash match, in the boxes to the left. **DO YOUR NUMBERS ADD UP?**
- It is not required that there be match in every budget category. Total cash match must equal (or exceed) 25% of the total project budget. **Please remember that if a cost is not allowable with federal funds, it is not allowable with match.**
- The budget must only include the federal RSAT funds being requested and the non-federal cash match funds being committed to this project. Additional federal and non-cash match funds should be included in sections 16 & 17.
- The budget is broken into five Budget Categories: A. Personnel, B. Supplies and Operating, C. Travel, D. Equipment, and E. Consultant/Professional Services.

10A. PERSONNEL: List each position by title and name of employee, if available (undercover personnel need not be listed by name). If two individuals have the same title, list it twice. Questions regarding the difference between a contract employee and a regular employee may be directed to the Internal Revenue Service.

Show the annual, full-time, salary or base pay for the position in column (1) and the dollar amount of fringe benefits for that salary in column (2). In column (3) enter the subtotal of the base salary and fringe benefits for this full-time position. In column (4) enter the percentage of time to be devoted to the project by the listed position or employee. Then multiply column (3) by column (4) and enter the result in the Total column.

Budgets should take into account scheduled pay increases, time needed to acquire new staff, and changing demands for personnel during the course of the project.

10B. SUPPLIES AND OPERATING EXPENSES: List expendable or non-durable items within this category by major type (e.g., office supplies, software [regardless of cost], training materials, research forms, telephone, tuition, postage, etc.), and show the basis for computation: "X" dollars per month for office supplies, "Y" dollars per person for training tuition, telephone-base charge plus long distance at "Z" dollars per month.

- Out-of-state training costs must be justified in terms of availability of comparable training in state.
- Large items should be listed and identified (e.g., unusual supply items, software, special printing, etc.).

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10C. TRAVEL: Itemize travel expenses of project personnel by purpose (e.g., to attend training sessions, to transport clients, etc.) and show basis for computation. Show airfare, ground transportation, automobile, lodging, and meals individually. Indicate if the travel is in state or out-of-state.

- Out-of-state travel must be justified.
- Where a jurisdiction has an established travel policy, those rates may be used. Otherwise, state travel rates are the maximum allowed. State travel allowable rates are the following:
 - 1) Mileage: \$0.345 per mile for use of personal vehicle.
 - 2) Lodging: In-state is established by Washington State's Office of Financial Management's (OFM) per diem rates for the area. Out-of-state costs should be the established federal government per diem rates. Exceptions to the following rates must be pre-approved are available from the Department of Community, Trade and Economic Development (CTED)/SDFC for higher cost metropolitan areas.
 - 3) Meals: Reimbursed at per diem rate for the area as established by OFM.

NOTE: Tuition and registration fees (even if they include lodging and/or subsistence), and vehicle gas and maintenance on project- or government-owned vehicles are operating expenses not travel. These types of costs should be shown in the Supplies and Operating category.

10D. EQUIPMENT: List separately, by unit cost, each item to be purchased. This category should include all items with a unit cost of \$1,000 or more and having a useful life of more than one year. Items not meeting this criterion should be included in the "Supplies and Operating Expenses" category.

10E. CONSULTANT & PROFESSIONAL SERVICES: List each consultant, contractor, or type of service with proposed fee (by eight-hour day or hourly rate).

Rates (stipends are not an allowable expense) for individual professional services must be based on an hourly rate (including preparation and travel time, services/consultant rates). Contact CTED/SDFC for details if you have questions.

10F. TOTAL OF ALL PROJECT COSTS (A through E): This is the sum of the "Total" columns, A through E.

Verify that the total federal and match portions sum the breakouts in the categories above. Calculate the percentages of the Total federal and match portions. Some minor adjusting of figures may be necessary due to rounding. Please make sure your numbers add up correctly.

11. Text -Budget Narrative: The applicant must provide a justification and explanation of the budget items listed in Item 10, Budget Summary Form B-1. The budget narrative must use the same category subheadings (e.g., 10A. Personnel, 10B, Supplies and Operating Expenses, etc.), and explain the basis for prorating where applicable. **Page Limit: Three (3).**

The budget narrative must describe the criteria used to compute budget figures. All budget figures should be justified and clearly explained for easy comprehension. The budget narrative should show the relationship between budget figures and proposed project operations. For example, if this is a training project, explanation of the professional services budget category amount should

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include an explanation of the need for consultants to provide the training and the hourly cost of the services to be provided.

The following is specific information required for each budget category:

- 11a. PERSONNEL:** Explain how the salary and fringe benefit rates for each position were determined. An explanation and justification is required if the budget is not for an entry-level position(s). Provide documentation to show that the proposed salary is one that is paid for equivalent positions and employee qualifications in your area. Include the qualifications required for each position and a specific job description as an appendix at the end of the application. If salaries are expected to increase during the project year, indicate percentage increases for each position, the months covered by the increases, and justification of each. Be sure that scheduled salary increases are included on the Budget Summary, Form B-1, Item 10. ***NOTE: Contracted employees or independent contractors should be shown under Consultant/ Professional Services, not Personnel.***
- 11b. SUPPLIES AND OPERATING EXPENSES:** Explain how the costs were determined and justify the need for the various line items. Items with a unit cost of less than \$1,000 are considered supplies and should be listed in this category. Items costing \$1,000 or more should be listed under Equipment (see D below). If software is being purchased, regardless of the price, it belongs in the Supplies and Operating category. If custom development of software is contracted out, it is subject to prior approval by CTED/SDFC and should be shown as a contract in 11E, below. All purchases should be made through competitive bid, state or local award, or established purchasing procedures.
- 11C. TRAVEL:** Explain the relationship of each cost item to the project (e.g., if training or conference travel expenses are requested, explain the topic of the conference and its relationship to the project). Out-of-state travel is discouraged and needs to be thoroughly justified. It is prudent to include in the budget the costs associated with sending project staff to a designated meeting/training area for administrative meetings or trainings with CTED or state-sponsored program-related trainings.
- 11D. EQUIPMENT:** Equipment is defined as items that have a unit cost of \$1,000 or more (except software) and a useful life of over one year. Explain why the proposed equipment is essential to conducting the project and is not currently available for use of the project within your agency or organization. CTED/SDFC must provide prior written approval for the actual purchase of all equipment, separate from approval to fund the project. All equipment must be purchased through competitive bid, state or local award, or established purchasing procedures.
- 11E. CONSULTANT/PROFESSIONAL SERVICES (Contracts):** Explain why proposed consultant services cannot or should not be provided by project staff. Explain how the hourly rate or flat rate was determined. For each consulting organization, indicate the number of people to be assigned to the project, the number of hours per person per day to be spent on the project, and a breakdown of the contract price by major cost item. Professional services should be procured competitively. **Sole source contracts must be justified** and are always subject to prior written approval from CTED/SDFC, separate from approval to fund the project. Consultants must be able to sign the Certification of Debarment, OJP Form 4061/1 (see section 26.H of this application for details).

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FORM B-2

FUNDING SUPPORT

Use the space allotted to provide the requested information.

12. **OTHER PRIVATE OR PUBLIC AGENCIES SUPPORT:** Indicate other private or public, non-federal agencies that have agreed to, or are considering financial support of this project. Identify and explain the source of funds including the name(s) of those agencies, the exact amount of support, the dates the funds are available, and how the funds will be used.

13. **FEDERAL SUPPORT:** Will other federal support be available for any part of this project? If yes, identify and explain when the support will be available, the amount of the support, and how the funds will be used. This should be interpreted broadly and include notice of any related activities supported by other federal programs (HHS, JTPA, HUD, General Revenue Sharing, etc.) which have significant impact on the potential success of this project.

14. **FEDERAL SUBMISSIONS:** Have other federal agencies been contacted for assistance on this project? If yes, identify the agency; indicate the status of the project in that federal agency's funding process; and identify how the funds will be used.

15. **SOURCE OF MATCHING FUNDS:** New cash match is defined as “non-federal money that would not have otherwise been made available in the absence of the federal funds.” Project income is considered new cash match, as well as general funds allocated for the project by the local or state government. If the source is other than those described, explain how it was determined to be eligible as new cash.

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TEXT – ITEMS 16-25 (Answer the following on plain white paper)

All projects must demonstrate a capability to implement or enhance residential substance abuse treatment programs that provide individual and group treatment for offenders in residential facilities operated by state and local correctional agencies. Applications must provide enough detail within these sections for a reader with no previous experience with this project to fully understand what the project is, what it will be doing, and how it will impact the described problem.

16. **PROBLEM STATEMENT:** Applications must clearly describe the problem this project is addressing. Supporting facts and figures need to be provided to document the problem's existence in your community. Indicate the source of data cited (e.g., agency records, UCR data, needs assessment, program evaluation results). In documenting the problem statement, provide relevant facts about the target population rather than global statements about the problem.
17. **PROJECT GOALS AND OBJECTIVES:** Project goals should be clear, general statements that highlight what the project is intended to achieve. Project objectives should be quantifiable (i.e., a numeric value can be attached) in order to facilitate measurement of the changes or achievements brought about by the project toward each goal. Non-quantifiable objectives should be identified as process objectives and can be measured by a yes or no (i.e. Yes, done as described and on time).

Each goal must be associated with one or more objectives and each objective must be tied to only one goal. Most projects identify only a few goals, each with one or more objectives. The goals and objectives should reflect what will be accomplished within the year as a result of the grant.

The objectives must be related to the problem statement in Item 16, and to the project description presented in Item 19. Data elements are intended to measure impact. Include both baseline data and data collected during the course of the project. Required data elements for this project may include (but are not limited to): offender demographics, assessment scores, treatment needs, treatment programs, treatment progress, drug and alcohol testing (number of tests, substances tested), and termination reasons. In addition to the reports required as a condition of receiving federal funding, CTED/SDFC will be providing a specific data collection instrument for this project.

18. **CRITICAL ELEMENTS:** A "critical element" is a principle or activity essential to the success of the project and without which the project is less likely to succeed. Projects must adhere to program requirements as described in the introduction.

Critical elements:

- a. Length of program must be 6 to 12 months.
- b. Offenders shall have a standardized assessment rating conducive to residential treatment.
- c. Offenders shall have 6 to 12 months left in their term of confinement so they can be released upon completion of the program.
- d. Treatment must be provided in a residential treatment facility set apart from the general correctional population. Offender supervision and security must be a priority.
- e. Focus treatment programming on substance abuse problems of the inmate.
- f. Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- g. Ability to comply with state standards, regulations, and policies concerning residential correctional facilities, including drug/alcohol testing of offenders, etc.
- h. Provide for continuation or aftercare services once the offender transitions to the community.

Up to 10 percent of the total grant funds or match funds may be used to provide these services. A specific plan for use of these funds must be included in the grant application.

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19. **PROJECT DESCRIPTION:** Applications for **new** programs must include a narrative description of the general approach or strategy selected for attaining each of the objectives stated in Item 17. This description should provide a clear understanding of the method used by your project to achieve these objectives. Applications for **continuation** grants must include a brief project description, a narrative describing progress to date, program evaluation data for past funded years, and a description of proposed changes in the project.
20. **WORKPLAN AND TIMETABLE:** Applications must contain a work plan for the project year. The work plan may be in chart form and, at a minimum, should:
 - a. Identify the tasks necessary to achieve each of the goals stated in Item 17. Each project objective may have one or more tasks, subtasks, and/or activities.
 - b. Provide a timetable for completion of each task.
 - c. Identify the staff positions or consultants to be assigned to each task.
21. **NON-BUDGETED PROJECT STAFF:** Provide brief biographical sketches of key staff or consultants involved that are not included in the budget summary/narrative. Provide an organizational chart summarizing lines of responsibility and authority for the conduct of this project. If specific staff has not yet been identified, qualifications and background **sought** for these key positions should be included.
22. **EFFECTS AND IMPACT:** Describe specifically what the project will demonstrate or achieve. Describe how the project will address the needs and the problems cited in Item 16. This should include an indication of those agencies or groups that will benefit, and the level of impact expected.
23. **EVALUATION:** The manner in which you will evaluate your project is important and should be given the same advance planning as the project design itself. The evaluation design should provide detailed information regarding evaluation efforts and results. The evaluation design should not describe more than what can be accomplished. If the evaluation will not be completed within the grant year, state explicitly when it will be completed. Different phases of an evaluation may be completed at different times but such a plan must be stated clearly.

THE EVALUATION DESIGN MUST, AT A MINIMUM, ADDRESS THE FOLLOWING AREAS:

Data Collection:

- (1) The minimum data required to be collected during the course of the grant are contained in CTED/SDFC quarterly and final reporting forms. The amount of data to be collected may vary. It is important to note that your agency will be required to collect certain consistent data as a condition of receiving federal funding. This material will be forwarded to the federal government, and will be used to demonstrate accountability and to provide support for the continuation of the RSAT project at the federal level.
- (2) In order to report on project goals and objectives, most projects will need to set up a system of data collection specifically related to the problem statement and goals and objectives.
- (3) Applicants are encouraged to collect and analyze data beyond the minimum required for the grant.
- (4) In this section, applicants must identify and describe what data will be collected, from what source the data will come, who will collect the data, how often it will be collected, and how it will be collected (e.g. through an "intake" form). The data described in (2) above [and often (1) above] will then be used to report Project Effectiveness and Efficiency (description immediately following).

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Project Effectiveness and Project Efficiency: There are two types of performance or evaluation measures:

- (1) **Efficiency measures:** These are measures that determine how well the project operated. They are sometimes called process measures. They are intended to answer the question: "Did the project do what it said it would do in the time allotted?" An example of an efficiency measure is the cost/benefit ratio.
- (2) **Effectiveness measures:** These are measures that determine the impact of the project on the problem identified in the problem statement. Effectiveness measures are also referred to as outcome measures. They are intended to answer the question: "Did the project make any difference in solving the problem?" Effectiveness measures require some analysis of the data collected. **Applicants are encouraged to provide more sophisticated analysis of the data collected and to go beyond the minimum evaluation described.**

24. **PLANS FOR FUTURE FUNDING:** You must describe your plans and activities to reduce your dependence on federal funds in the future. List the steps you have taken or will take to reduce such reliance.
25. **APPENDICES:** Attach all lists, charts, résumés, inspections, and policies and procedures as indicated in the application kit. If specific items do not apply to your program, indicate 'Not Applicable.' An example: Governmental programs would generally not have a Board of Directors List and would not be able to provide a financial statement.

**PLEASE COMPLETE PART 2 OF THIS APPLICATION AND
ATTACH FOLLOWING THIS PAGE.**

**THE APPLICATION SUBMITTED BY YOUR AGENCY MUST INCLUDE
BOTH PARTS.**